

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY DOCKET NUMBER

5853-343

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe that I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM FOR CHARACTERIZING BULK MECHANICAL PROPERTIES FOR AERATED MATERIALS

the specification of which (check only one item below):

☒ is attached hereto.

☐ was filed as U.S. Patent Application Serial Number _____
on _____.

☐ was filed as a PCT international application number _____ on
_____, as amended on ____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or (f), or §365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the applications on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY <small>(Includes Reference to PCT International Applications)</small>				ATTORNEY DOCKET NUMBER 5853-493	
I hereby claim the benefit under 35 U.S.C. Sections 120 or 119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120:					
U.S. APPLICATIONS			STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	ABANDONED	PENDING	
60/447,396	02/14/03				
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NUMBER	PCT FILING DATE	U.S. SERIAL NUMBERS			
POWER OF ATTORNEY: As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number 30448 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.					
Send Correspondence to: *Customer Number 30448* Akerman Senterfitt P. O. Box 3188 West Palm Beach, FL 33402-3188			Direct Telephone Calls to: Michael K. Dixon (561) 653-5000		
201	FULL NAME OF INVENTOR	FAMILY NAME ABDEL-HADI	FIRST GIVEN NAME ALI	SECOND GIVEN NAME ISMAIL	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP SUDAN	
	MAILING ADDRESS	MAILING ADDRESS P.O. BOX 12440	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32604, USA	
202	FULL NAME OF INVENTOR	FAMILY NAME CRISTESCU	FIRST GIVEN NAME NICOLAIE	SECOND GIVEN NAME D.	
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP USA	
	MAILING ADDRESS	MAILING ADDRESS 4110 NW 62 ND AVENUE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32653, USA	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201			SIGNATURE OF INVENTOR 202		
DATE			DATE		